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APPLICANTS

Ralph Leonard, New Haven, CT;
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** CONTINUING DATA *****
CB none 2/7/06

** FOREIGN APPLICATIONS *****
CB none 2/7/06

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
 ** 03/14/2002

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY CT	SHEETS DRAWING 0	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 19
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Verified and Acknowledged
 Examiner's Signature *[Signature]* Initials *CB*

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TITLE
 Selection of optimal medication methodology (SOOMM)

FILING FEE RECEIVED 1042	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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